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BIBDATASHEET

CONFIRMATION NO. 4838

Bib Data Sheet

SERIAL NUMBER 10/705,517	FILING DATE 11/10/2003 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. MICRU: 66180
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APPLICANTS

David A. Ferrera, San Francisco, CA;

Daniel R. Kurz, Sunnyvale, CA;

** CONTINUING DATA *****

This application is a CON of 09/991,021 11/15/2001 PAT 6,656,201
 which is a DIV of 09/211,783 12/15/1998 PAT 6,383,204

None

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	CA	2	3	1
Verified and Acknowledged	<i>Dan Jucker</i> <i>DJ</i> Examiner's Signature Initials				

ADDRESS

24201
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TITLE

Variable stiffness coil for vasoocclusive devices

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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BIBDATASHEET

CONFIRMATION NO. 3370

Bib Data Sheet

SERIAL NUMBER 10/442,353	FILING DATE 05/21/2003 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 780-A03-019-5
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APPLICANTS

Peter M. Bonutti, Effingham, IL;

** CONTINUING DATA *****

This application is a CON of 09/703,058 10/31/2000 PAT 6,572,635
 which is a CON of 09/378,190 08/20/1999 PAT 6,152,949
 which is a CON of 08/964,167 11/04/1997 PAT 5,980,559
 which is a DIV of 08/699,553 08/19/1996 PAT 5,718,717

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 07/08/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	IL	5	16	2
Verified and Acknowledged	Examiner's Signature <i>John Jackson</i> Initials <i>JJ</i>				

ADDRESS

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MIAMI , FL
 33131

TITLE

Tissue fixation device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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